

## OBSTETRICS.

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Ovarian Tumor Complicating Pregnancy, Labor, and the Puerperal State, with Notes of Eight Recent Cases.—MARSHALL (*Jour. Obst. and Gyn. British Empire*, February, 1910) reports eight cases of ovarian tumor complicating pregnancy. One was a primipara having a tumor of the right ovary prolapsed into Douglas' cul-de-sac. The pregnancy was at the end of the second month. The tumor was removed by abdominal section and the pregnancy remained undisturbed. The second case was a primipara in whom ovarian tumor was diagnosed as complicating pregnancy at the ninth month. The patient was examined when four months pregnant, but a correct diagnosis was not made, as the tumor lay centrally over the fundus of the uterus and obscured palpation. When the diagnosis was made, operation was advised and refused. Spontaneous labor took place three days later without difficulty, and the puerperal period was uneventful. The author does not believe, that pregnancy stimulates the growth of ovarian tumors, as the blood supply of these tumors is independent of the uterus. He has collected 137 cases published since 1903, in which ovarian tumors were removed during pregnancy, with one maternal death after the removal of a suppurating cyst, and an abortion rate of 15.1 per cent. Dermoids, which form 25 per cent. of ovarian tumors, are especially dangerous in pregnancy, from their tendency to prolapse into the pelvis, to suppurate, and to have twisting of the pedicle. In operating during pregnancy Marshall would choose the abdominal route, incising over the left rectus, turning the muscle outward, and closing the wound in four overlapping layers. He would avoid incising the median line from the danger of hernia and the bursting open of the wound. Tumors impacted in the pelvis should be removed in the same way. Occasionally, if the tumor be densely adherent, it may be necessary to resort to Cesarean section. To avoid abortion it is considered important to ligate the vessels in the pedicle separately on each side by undersuturing, to handle the uterus as little as possible, and to keep the uterus and abdominal tissues warm by a large pad wrung out of hot saline solution. Marshall has collected 26 cases of ovarian tumor complicating labor. In these, reposition was tried six times, but failed in four; forceps was used twice, in one case the tumor bursting, and in the other the tumor being driven through a rent in the posterior vaginal wall with a fatal result to the mother. Version was performed four times, and proved difficult. Three children were lost and one mother died. Operation was performed in 18 cases, abdominal ovariectomy in 7, vaginal ovariectomy in 4, Cesarean section in 7. One mother on whom forceps had been tried for two hours before the section died after Cesarean delivery. The children survived with one exception, this child being asphyxiated by coiling

of the cord. The author reports the case of a primipara who had been in labor for several hours, the membranes having ruptured, but the pains were not severe. On vaginal examination the whole pelvis was filled with a hard, immobile tumor, in which could be felt a plate of bone, leading to the diagnosis of dermoid cyst. On section, the uterus was turned out and wrapped in a warm towel. The tumor was delivered with some difficulty and its short broad pedicle ligated. The uterus was replaced and the abdomen closed in layers. It was difficult to apply sutures, as the uterus was contracting and pressing forward against the abdominal wall. Labor proceeded favorably, the patient being delivered by forceps as soon as dilatation was complete. The patient made an uninterrupted recovery. Marshall has also operated upon five cases during the puerperal period. Recovery in these patients was uncomplicated. Regarding the treatment of this condition, early operation is indicated as soon as the tumor is diagnosed. If recognized during labor, if the position of the tumor permits it, labor should be allowed to go on and the tumor removed during the first week of the puerperal period. If the tumor has been punctured or incised through the vagina to permit labor, section should be done not later than the second day of the puerperal period. If torsion, followed by urgent symptoms develops, immediate operation is demanded. On the whole, early operation should be urged in these cases.

**After-results of Abdominal Operations.**—In recent numbers of the *Journal of Obstetrics and Gynecology of the British Empire*, GILES has published the after-results of abdominal operations upon the pelvic organs, based on a series of 1000 consecutive cases. He summarizes his investigations in the July, 1910, number. These statistics are of interest to obstetricians who are frequently called upon to perform abdominal delivery or operate for infective conditions in the generative organs. It was found that 90 per cent. of patients were considerably improved in general health after the operation, 72 per cent. being in quite good health. In 6 per cent. patients were not improved and possibly worse after the operation, but in many of these cases the cause for ill health was independent of the operation. Four per cent. were much better after the operation for a time, but then were worse because of general ill health from some other cause. It was interesting to note the time occupied in recovery after abdominal operations in most cases. Sixty per cent. were practically well in three months, 10 per cent. at the end of the first year, and 30 per cent. remained invalids or semi-invalids. In the question of complete recovery the age of the patient had a marked influence—the younger the patient the quicker the convalescence. The severity of the operation did not seem to have any real influence upon the rapidity of convalescence. In one respect, however, the duration of an operation seemed to influence the convalescence of the patient, for it was observed that memory was affected in 25 per cent. of cases, and these were those in which the operation was a long and difficult one. In long operations for cancer of the womb, memory was affected in 50 per cent. of cases. In short operations for correction of uterine displacements, memory was affected in 18 per cent. only, while other operations showed corresponding results. Secondary or repeated operation was necessary in 8.3 per cent. This was espe-

cially true in cases of inflammatory disease of the appendages, while half of the secondary operations were required for conditions independent of the first operation. As has been observed by many, the necessity for repeated operation is most often seen in cases in which one tube and ovary are removed, this amounting to 9.5 per cent. When conservative surgery was practised in removing but one tube and ovary, and when operating upon the uterus, the results were good, so far as the possibilities of pregnancy were concerned. In one-third of married women under forty, having these operations, pregnancy subsequently developed; 73 per cent. of these went to full term, and ectopic gestation developed in 8 cases. Labor in these cases was normal in 55 out of 60, while 5 had complications which had no reference to the operation. Operation then does not seem to have an influence in producing complications in labor. By far the greater majority, 88 per cent., had no trouble with the scar; 7.7 per cent. had stitch abscess, and 3.6 per cent. hernia. These complications were seen more often after operation for inflammatory disease. Stitch abscess is much less common with modern technique, and especially with the use of rubber gloves.

**Tuberculosis of the Placenta.**—SCHLIMPERT (*Archiv f. Gynäk.*, 1910, Band xc, Heft 1) reports the results of examination of the placenta for tuberculosis in Schmorl's clinic in Dresden. In 7 cases of tuberculous mothers the placenta was positively found tuberculous in 5 through histological examination and the detection of tubercle bacilli. In 1 case tubercle bacilli were obtained by the stroke method. Thus, in 85.7 per cent. of tuberculous mothers the placenta was found tuberculous; in 5 of the cases the placental tuberculosis was intervillous, and in 3 the decidua was infiltrated with bacilli and round cells; in 2 cases where tubercle bacilli were recognized by stroke preparations, the form of tuberculosis was probably intervillous. These placentae were obtained from mothers who had severe general and advanced tuberculous infection. There is reason to believe that the tubercle bacilli pass in the early months of pregnancy from the tuberculous mother to the placenta. In all, the results were positive in 10 cases, of whom, 2 were studied by the stroke method. Schlimper believes that tuberculosis of the placenta is a reaction of the maternal organism against tuberculous infection. There is no reason to believe from his researches that tubercle bacilli find their way from mother to foetus. Autopsy made upon children dying of tuberculous mothers fails to find macroscopic evidence of the disease. It is possible that such children die from a toxin which is not readily detected. Recent observations point to the possibility of foetal infection, and further investigation must be undertaken before the question is definitely settled.

**Infection of the Urinary Tract with *Bacillus Coli Communis* during Pregnancy.**—BURNETTE (*Jour. Obs. and Gyn. Brit. Emp.*, July, 1910) reports 4 cases with infection of the urinary tract during pregnancy with *Bacillus coli communis*. One was a primipara pregnant four months, in whom the symptoms were those of acute appendicitis. There was a wide area of excessive superficial tenderness over the right kidney on the posterior aspect. The urine showed *Bacillus*

*coli communis* in pure culture, the right ureter was abnormally thickened and tender, the patient had a chill with abdominal pains followed by fever. Under appropriate medical treatment the patient recovered. The second case was that of a multipara, whose symptoms resembled those of pleurisy at the base of the right lung, and careful examination showed *Bacillus coli* infection of the right kidney. The patient was delivered by forceps under careful antiseptic precautions, and on the tenth day thrombosis of the veins of the lower extremity developed. Examination of the contents of the uterus showed *Bacillus coli communis* as the cause of the infection. The renal symptoms did not entirely subside in this case during pregnancy, but the patient ultimately made a good recovery. A third case was that of a primipara who became so ill that nephrotomy was decided upon. While preparations were being made for operation the patient had a twin abortion, after which she recovered. The fourth case of a primipara recovered under the usual medical treatment.

---

## GYNECOLOGY.

UNDER THE CHARGE OF

JOHN G. CLARK, M.D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA.

---

**The Treatment of Inflammatory Disease of the Adnexa with Intrauterine Injections.**—ZWEIFEL has proved conclusively that following intrauterine injections of a methylene-violet solution, the fluid escapes from the abdominal ostium of the tubes in almost every case. Based upon this fact, he conceived the idea of treating inflammatory diseases of the tubes by making an intrauterine injection of some bactericidal solution. Erich Aulhorn (*Archiv für Gynäk*, 1910, xc, 15) reports the results of this treatment as carried out in the Zweifel clinic at Leipsic. For this purpose he uses a 2 per cent. solution of argemamine which is non-irritating and antigonorrheal. One hundred and twenty-three cases were treated, the lesions varying from simple salpingitis and perisalpingitis to pyosalpinx the size of a fist. In classifying his primary results, he divides them into two groups, the relief of pain and alterations in objective findings. Under the first heading 108 (88 per cent.) were completely relieved; 7 markedly improved, while in 8, slight or no improvement was obtained. Based upon the objective findings, 89 (72 per cent.) were cured; 16 showed marked improvement, in 18 there was little or no improvement, and the condition was exaggerated in 1 case. Of the pyosalpinx cases he reports 86 per cent. cures. The alterations produced in pyosalpinx are due to an active hyperemia induced as the result of the injections. He reports further his end results as follows: Thirty patients were examined who had received no treatment for one year to nineteen months, of which 84 per cent. were cured; 20 patients after six months to one year, with 82 per cent. cures; and 26 patients after three to six months, with 76 per cent. cures. Of this number 5 have